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ABSTRACT

An art therapist addresses the issue of art therapy within the public school system. She describes her involvement within a cooperative special education program in which she provides direct individual and group therapy as well as consultation to regular class teachers. She reviews methods, materials, and approaches she has used in working with physically handicapped, learning disabled, behavior disordered, autistic, aphasic, hearing impaired, and mentally retarded children. Flexibility is suggested to be the key for an art therapist working in the public schools. Descriptions of art therapy with the specific handicapping conditions also include information on typical student characteristics and reactions to the art activities. (CL)

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ART THERAPY - EXPANDING HORIZONS

The Practice of Art Therapy in a Special Education Setting

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This paper addresses itself to the issue of the continuing evolution of the art therapy profession -- expanding horizons in areas of work. Art therapists have long been accepted in mental health centers, hospitals and therapeutic schools, but have only recently begun to receive recognition and jobs within the public school system. Public school special education programs provide a particularly appropriate area for art therapists to work. (Special education classes are those created to serve the needs of children who cannot function adequately in regular classrooms.) Increased federal and state funds are available to these programs due to Public Law 94-142 (The Education for all Handicapped Children Act) and more and more educators are recognizing the improtance of emotional and social areas in working with handicapped children. Art therapy has much to offer the children in Special Education classes. In the future this will be an important area of work for art therapists as we continue to expand our professional involvement.

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In January of 1978 I began work as an Art Consultant in the Whittier Area Cooperative Special Education Program. The Whittier Cooperative is a large district created by the joining together of eight separate smaller school districts. Their purpose is to provide a better education for those children who cannot function adequately in the regular classroom. Each district provides a particular service and children are bused within the cooperative to the school which will best serve their needs. All eight districts provide special classes for children with behavior disorders and learning handicaps.

My contract states that I will provide "services to pupils who experience

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behavioral and/or emotional difficulties which it is suspected could be alleviated through the utilization of an alternative media for communication (artistic expression). In addition, the consultant will provide indirect services through teacher consultation and teacher inservices in order that this counseling and instructional technique can be more widely applied where appropriate." Art therapy as defined by my contract provides an additional innovative service to the children in the special education program. Requests are submitted by teachers or psychologists asking me to work with an individual child (for brief or long-term therapy) or I may be asked to conduct a specific group. Also, as the contract states, I am frequently called upon to speak to teacher in-service meetings. These talks serve an educational purpose -- explaining a new service and promoting an understanding of the theory and practice of art therapy -- and promote additional requests for my service.

The children in the Cooperative's program are a varied and lively group ranging from kindergarten through 12th grade. Deaf and hard-of-hearing students are placed in classes at two specially equiped schools staffed with teachers trained in this area. Orthopedically or physically handicapped students are placed in classrooms which are physically constructed to serve their special needs (e.g. physical therapy equipment, ramps for wheel chairs, specially equipped bathrooms) while they are taught the same curriculum which regular students receive. The communicatively handicapped (aphasic) children are bused to one particular school, as are autistic/severely emotionally disturbed children. A large number of students (K through 12th) are plagued with learning disabilities (perceptual problems, minimal brain damage, dyslexia) which have made them unable to succeed in a regular classroom environment. They are placed by age level in small groups (no more than twelve students per class) in order to receive remedial and adapted teaching. Another group in the program consists of those children whose emotional problems

or behavior characteristics have impaired their ability to conform to the rules and expectations of the regular classroom environment. These children also often exhibit learning disabilities of physical origin. Lastly, a large number of students in the Cooperative have some degree of mental retardation which slows and limits general intellectual functioning and reduces the child's capacity for personal independence and social maturity. A Developmental Center for the Handicapped has been set up in the Cooperative to serve profoundly mentally retarded individuals with a measured I.Q. of below 19. In the past many of these young people would have been institutionalized and forgotten by the public schools. Students with measured IQ between 20 and 49 (Trainable Mentally Retarded) attend classes at designated schools as do Educable Mentally Retarded students with measured IQ between 50 and 69.

The services offered to these children include: teachers trained in special education, well-trained special personnel (speech therapists, audiologists, physical therpists, adaptive P.E. teachers), program specialists to plan educational objectives for each child, psychologists, social workers, and, recently , art therapists.

The Whittier Area Cooperative Special Education Program is organized and operated by procedures specified by federal Public Law 94-142: The Education for All Handicapped Children Act which calls for "full educational opportunities" for handicapped children. Children who would previously have stayed at home or remained in private placements are now able to request public education. In addition the law states that handicapped children must be educated with non-handicapped children to the extent possible. The "Least Restrictive Environment" must be provided. Separate schools, special classes or other removal of any handicapped child from the regular classroom are only allowed if and when the school district can show that the use of a regular educational

environment accompanied by supplementary aids and services is not adequate to meet the child's needs. This means that the children I see are integrated into regular classes - "mainstreamed" - for part of their day whenever possible. An individualized educational plan is prepared for each child at a meeting which includes school personnel and parents. Art therapy is listed on the federal level as one of the services which parents and teachers may request for the student and which the schools must provide.

The children are experiencing the developmental stresses and strains which all humans confront in the growing up process, plus the additional stresses and limitations imposed by their handicaps. Frequently, due to all the handicaps, the developmental process is slowed down with resulting immaturity and poor social relationships. As you would suspect, self-concepts are often very poor. The physical and mental barriers which decrease these children's ability to interact successfully with their environments result in social and emotional isolation, lowered educability and sensory deprivation.

My focus an an art therapist working with these children is varied according to teacher request, length of time with the child and what is appropriate in view of the handicap present. At all times I attempt to establish a trusting relationship in which art is used as a primary means of communication. The art process is used as a psychological service to promote emotional and social growth which will in turn aid the learning process which is a consideration in the school setting. The art process allows expressive non-verbal communication to take place which may be followed by verbal communication. I note themes and messages in the art which will help me better understand the child and his or her concerns and problems -- what comes up in the art will often become the focus for a session. (Generally my sessions with students are scheduled for 30 minutes, occasionally for an hour.) Ventilation of feelings is always an important

goal: brief-service groups of four or five weeks will concentrate on several specific topics such as: feelings about mainstreaming, feelings about being in a special class, etc. To promote social growth special art therapy techniques are used to structure interaction in the art process. Body image work is used to help the children emotionally and consciously accept their physical status/identity. Learning skill by-products of the art work are: increased eye-hand coordination, increased integration and synthesis skills, increased ability to conceptualize in a concrete way, improvement in abstract thinking, and increased ability to understand and communicate.

Basic structured media such as felt-tip markers, crayons and chalk are used almost exclusively. I use different working spaces at different schools. I work in various cubby-holes, empty classrooms and offices, nurses offices and corners of occupied rooms as I travel from school to school to meet with these special students.

THE STUDENTS AND THEIR ART

PHYSICAL DISABILITIES

A brief-service (three one hour sessions weekly) group composed of four physically disabled junior high students was organized to give the members a time to express and discuss their experiences and feelings concerning being "mainstreamed." Two of these students are disabled by cerebral palsy, one boy has epilepsy, The fourth member has sustained fifteen operations since 1973, following an auto accident. When this fourteen year old girl (who has survived two brain operations among her fifteen) was asked to draw "what worries you about going into the regular class for chorus" she responded with a drawing of herself sitting in the front riser of the chorus classroom. Her fear is that someone on a higher level will throw a book, giving her a dangerous head blow -- a realistic fear. A child such as this will experience considerable

social and emotional deprivation due to the isolation which her fragile physical condition imposes. Play activities are limited, normal children are feared and social immaturity is frequent among physically disabled children as I mentioned earlier. In response to the same directive: "What worries you about going into the regular class?" a 14 year old epileptic boy in the group drew a snake-like figure which he called "an animal" surrounded by swirling lines. He said, "The boys in the regular class are like animals. They are really mean and big. I worry that they will pick a fight with me and that I might have a seizure. The teacher in the regular classroom might not know what to do if I had a seizure." This boy also spoke of being called "weird" or "crazy" by normal students.

Besides dealing with normal developmental stages and the deprivations caused by handicaps, the physically disabled child must also constantly deal with peer, family, and societal reaction to their physical appearance. The normal person fears anyone who is "different" and may strike out cruelly. In another picture the cerebral palsied girl (16 years old) drew "her biggest problem in junior high," showing herself being teased and called "a cripple" by her normal classmates.

Over compensation and denial are common defenses against the painful acceptance of physical disability. A heavily involved cerebral palsied boy (14 years old) who had maintained throughout the group that he had "no worries about mainstreaming" drew a picture of a retreating space ship to express his feelings about art therapy as the group ended. He said, "You're like Darth Vader, flying off. You're not dead so you'll probably be back." When I asked if he had felt

attacked in the group at times, he said, "Yes, you made us talk about feelings and that's hard!"

LEARNING DISABILITIES

The learning disabled child usually will appear no different physically from his peers, but in fact suffers from varying degrees of neurological impairment which have made learning in the regular manner a nightmare of frustration and failure.

Immaturity and low self-esteem are common among learning disabled children and adolescents. Ego functions are adversely affected if the central nervous system is not intact and is not maturing in a normal, even manner. Disturbances in such functions as motility and perception lead to generally inadequate development. The child's attempts at mastery of tasks lead to feelings of frustration, rather than feelings of accomplishment. Instead of building up self-esteem, his or her activities produce an attitude of self-derision. The child's responses and activities do not stimulate his parents to normal responses of pride; instead they cause parents to experience feelings of anxiety and frustration and finally result in rejection or overprotection. Strained family relationships and interactions are frequent.

When the child enters school he or she is likely to face a situation that makes no allowances for these difficulties. When asked to draw his "biggest problem" one boy responded without hesitation with a drawing of school. (These children often draw very quickly to cover up their inadequacies.) Another boy (9 years old) drew a scene to illustrate his "biggest problem" which is playing baseball with his perceptual disabilities and poor ability to concentrate. He risks embarrassment, teasing, failure when participating in an activity normal and appropriate for a boy his age.

A coherent understanding of body image is a prerequisite to an adequate

self-concept and also to learning. Cruickshank (1971) observed a close relationship between developing body-image concept as depicted in children's drawings of a person and their initial development of reading and number concepts.

A self-portrait by a 7 year old boy with central nervous system impairment expresses his problem of tripping over things. The feeling of isolation in the stiff figure expresses his sense of being inadequate and over-whelmed.

I am currently working with several small groups of learning disabled children to provide a place to express their common frustrations and to receive support for their difficult struggles in school and at home. The art modality offers kinetic release, a socially accepted means of expressing anger and a means of promoting sharing and social interaction.

BEHAVIOR DISORDERS

Another group children and adolescents who have great difficulty in the environment of the regular classroom are those with behavior disordere, defined by the Whittier program as "a result of negative social interactions between child and environment with end result being a vicious cycle of behavior alienating others so that positive interactions with others become less and less likely." These students are frequently hostile, acting-out, unable to follow rules and regulations of school life. Factors which have contributed to this behavior are: poor conditions in the home, maternal rejection, neglect, abuse, inadequate supervision, prolonged illness, poor nutrition and undesirable experiences at school. Frequently behavior problems and learning disabilities are present in the same child or adolescent.

In working individually and in small groups with these students my goals are: to provide an opportunity to release feelings, promote positive social interactions and gain insight into causes and results of destructive behaviors, hopefully to produce positive changes.

In a group of three acting-out boys who were asked to draw "what happened the last time you got in trouble" one member (7 years old) was able to show a situation which ended in a fight. He said, "He ran into me, then I pushed him. Then we had a fight and had to go to the office." The other boys were able to identify with this all too common situation and a solemn discussion followed on how to avoid fights. These children are plagued by poor impulse control, quick tempers and aggressive habits gained during years of miserable peer relationships.

Another extremely anxious boy used the group to ventilate his fears about a small earthquake which shook the school that morning. He showsthe windows shaking and teachers and children ready to jump under the table. He said, "I was sad because I don't want to die." These children's days are filled with distressing situations -- which they can draw and talk about in the group.

AUTISM :

There is one classroom in the Whittier program which contains five severely emotionally disturbed latency age children, diagnozed psychotic or autistic. There are two theories of the cause of autism: one suggests an emotional cause relating disturbed behavior to early childhood experiences; the other suggests that autistic children have some physical abnormality in their brain that makes them behave in the way they do. The autistic child cannot organize in-coming sensory material meaningfully, cannot interpret or communicate

with the environment and therefore becomes socially isolated, withdrawn, showing no relationship (or very little) to people or materials. These children exhibit behaviors such as: rocking, ecolalia, facial grimaces, bizarre motor patterns, self-inflicted injuries, inablity to distinquish reality from fantasy and loss of time-space orientation. Needless to say, they have severe learning difficulties. However, these five children are able to live at home and function in a special classroom. The teacher's general goals are to promote: cognitive and language development, social and emotional growth, fine and gross motor skills and self-help skills. He requested that I plan art activities which would promote sensory-motor development and increase body awareness and self-concept. Figures were assembled and pasted from pre-cut shapes by the autistic children who were able to indentify verbally and correctly place the body parts on the paper and took great pleasure in their accomplishment. In future sessions we plan to have the children assemble free standing puppets out of cardboard shapes.

Self-inflicted injuries are common among autistic children - they bite themselves, scratch themselves and exhibit harmful behavior such as head-banging. Hand prints were done by a 10 year old girl who frequently bites her hands and wrists. The sensory experience of finger painting promoted awareness of the pleasurable sensation of touching; the hand print increased her understanding of her own body parts. A part of each day is set aside to work with this child on self-care skills such as hand washing and hair combing.

APHASIA

Another type of child in the special education program is the child suffering from aphasia -- a communicative disorder involving loss or impairment due to brain injury of the ability to formulate or understand language. These children are not retarded or psychotic or deaf. They

exhibit difficulties in expression such as the absence of speech, disorders in articulation and disorders in rhythm, etc. The frustration of language loss makes them prone to outbursts of anger and also to withdrawal reactions. Speech defective children are drastically handicapped in relating to their environment and become "out of phase" in general sensory, motor and perceptual development. Other characteristics are: poor attention and concentration, poor immediate memory, poor ability to organize and social isolation.

Experiences with expressive art therapy can help these children cope with their pent-up feelings and improve perceptual skills.

HEARING IMPAIRMENTS

Most psychologists and educators agree that hearing loss is the greatest developmental obstacle a child may experience; deaf children are generally less well-adjusted than normal hearing children, especially in school and social adjustment (Cruickshank, 1971). The social isolation imposed by the inability to interact in an auditory relationship to the environment causes a detachment and resultant emotional immaturity. Language in delayed and confusions and misunderstandings are frequent in interactions with others.

I have been requested on several occasions to come into the classrooms for the deaf to direct art activities which will promote social interaction. Dual drawings, group pictures and murals have been used with great success. The children are encouraged to communicate by sign language or gestures to decide upon a theme for a group picture.

In their figure drawings these children frequently project their

t conscious awareness of their isolated, cut-off state. One boy (8 years old) emphasized the line around the head and continued to reinforce it with hair and hat, adding a border to close in the entire figure. Another deaf child (a girl, also 8 years old) ringed the head of her figure with blue as if to set it apart and continued a "bound in" quality with the treatment of the arms.

MENTAL RETARDATION

The mentally retarded students in the Whittier Cooperative range from mildly to severely disabled. They are characteristically delayed in developmental skills such as walking, talking, dressing and less capable in motor skills. They have lower functioning in all academic areas. The repeated failure experiences which they confront often cause low frustration tolerance and low self-esteem. As a result of chronic failure, they can become anxious and hostile. They may also become withdrawn or aggressive when confronted with unrealistic expectations. These children frequently will not engage in a task or an activity for fear of failure. Lack of motivation is usually related to tasks that are inappropriate or above their level of ability.

In working with groups of EMR and TMR$_A$ high school students organized to promote social interaction and communication skills I find that a free, accepting approach (with appropriate limits enforced when necessary) is most productive. If the students are allowed to draw freely with chalk or felt-tip markers or crayons they will respond willingly and group discussions will develop upon topics which come up spontaneously in the art work. Simple topics such as: "Draw something you did over vacation" are also helpful. A 17 year old EMR boy who was recommended for art therapy because of excessively shy and quiet behavior drew a colorful picture and told the group about an

Easter party followed by a drive in the family car. The other group members spontaneously began to share their vacation experiences. Retarded students are often socially immature and their interests correspond more closely with those of younger children. The development of social skills is a major goal of all the various programs for the retarded student in the Whittier Area Special Education Program.

Self-help and independent living skills are also stressed, as are recreation and leisure skills. A 16 year old EMR boy drew a picture to show what he did over vacation saying, "All I did for a week was watch TV and eat." Art therapy groups provide students such as this boy with a situation which will promote socialization and interpersonal communication.

SUMMARY

In the past fears were projected onto crippled or handicapped children and evil qualities were attributed to them. They were considered inferior or dangerous, called "idiots", freaks, etc. During this century a revolution in attitudes towards the handicapped has taken place, with result that many today are receiving an education who formerly would have been classified as incapable of learning. The four general topics of concentration which are listed in the state curriculum guide for Special Education are: 1. Language and communication skills, 2. Independent living skills, 3. Psycho-motor development and 4. Social-emotional growth. The addition of art therapy to the special education program will benefit each of these areas.

I believe the key by-word for an art therapist working in a public school setting is flexibility. The work is varied -- students of all ages are seen, individually and in small groups. Some students are see once, some for nine months, calling for different theraputic approaches. In long-term individual or group work concerns such as family relationships, deeper anxieties and

conflicts may be dealt with in an appropriate way. Brief contacts will focus on one or two specific issues.

It is now well recognized that a person's emotional development, behavior, and reaction to his or her handicap may be more significant in determining whether he or she may be able to remain in the community and achieve a degree of independent functioning than the extent of the handicap itself. All aspects of a student's school life - social and academic - are profoundly influenced by the emotional state of the student. Emotional aspects cannot be neglected and warrent the addition of the art therapist to the staff of the special education program.

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